UNITED STATES PATENT AND TRADEMARK OFFICE

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on *10/15/08*.

2a) ☒ This action is **FINAL**.   2b) ☐ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *2-18* is/are pending in the application.

     4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *2-18* is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.

     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

     a) ☐ All   b) ☐ Some * c) ☐ None of:

         1. ☐ Certified copies of the priority documents have been received.

         2. ☐ Certified copies of the priority documents have been received in Application No. _____.

         3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

     * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application

6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1.   This communication in response to the communication filed 10/15/08. Claims 2-

18 are pending.

Claim Rejections - 35 USC § 102

2.   The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that

form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

3.   Claims 2,3, and 11 are rejected under 35 U.S.C. 102(e) as being anticipated by

Schoenberg (US 6,463,417).

As per claim 2, Schoenberg teaches a method for sharing information of an

individual that uses a network system in which a plurality of hospital terminals, a

plurality of user terminals, and a database terminal for managing a database of

information of a patient user are mutually connected via a communication network, the

method comprising:

- providing a hospital with a hospital ID and a hospital password via at least one of

    the plurality of hospital terminals (Schoenberg: Figure 2, col. 4, lines 52-col. 5,

    lines 25),

- providing the patient user acquires a user ID via at least one of the plurality of
  user terminals with a user password, a second password, and space for storing
  information concerning medical treatment of an individual in the database (Figure
  1; col. 4, lines 52-col. 5, lines 25-codes provided to patients or healthcare
  providers);

- notifying at least one of the plurality of hospital terminals of the user ID and the
  second password of the patient user and(Schoenberg: Figure 2; col. 5, lines 45-
  col. 6, line 25)

- a hospital acquires individual medical treatment information from the database
  using the user ID, the second password, the hospital ID, and the hospital
  password as keys, and stores updated individual medical treatment information
  in the database using the user ID, the second password, the hospital ID, and the
  hospital password as keys (Schoenberg: col. 4, lines 52-col. 5, lines 25, col. 6,
  lines 25-44).

As per claim 3,   Schoenberg discloses the method for sharing information
concerning medical treatment of an individual according to claim 2, further comprising
receiving the user ID and the user password and displaying the patient user's user
views individual medical treatment information to the patient user on the database.
(Schoenberg: col. 4, lines 52-col. 5, lines 25;)

As per claim 11, Schoenberg discloses the method for sharing information concerning medical treatment of an individual according to claim 2, further comprising restricting access by a hospital to the space where the patient user's medical treatment information is stored when the patient user specifies the hospital using the user ID and the user. (Schoenberg: col. 4, lines 52-col. 5, lines 25)

Claim Rejections - 35 USC § 103

5.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

6.   Claims 12, and 16 are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg (US 6,463,417) in view of Mayaud (5,845,255)

As per claim 12, Schoenberg discloses the method of claim 2, as explained in the rejection of claim 2, but does not expressly disclose: incorporating a cooperating company terminal that is used by a cooperating company that is in cooperation with whoever is managing the database is incorporated into the network system and, using this network system; providing the cooperating company with a cooperating company ID and cooperating company password; allowing the patient user to give permission for the individual medical treatment information to be made available to the cooperating company using the user ID and user password as keys; and providing the cooperating

company with the individual patient user' s medical treatment information from the

database using the cooperating company ID and cooperating company password as

keys.

As per claim 12, Mayaud incorporating a cooperating company terminal that is

used by a cooperating company that is in cooperation with whoever is managing the

database is incorporated into the network system and, using this network system;

providing the cooperating company with a cooperating company ID and cooperating

company password; allowing the patient user to give permission for the individual

medical treatment information to be made available to the cooperating company using

the user ID and user password as keys; and providing the cooperating company with

the individual patient user' s medical treatment information from the database using the

cooperating company ID and cooperating company password as keys. (Mayaud, col.

10, lines 41, 44; col. 17, lines 27-28; col. 46, lines 41-44; col. 18, lines 6-23).

At the time of the applicant's invention, it would have been obvious to one of

ordinary skill in the art to combine method/system of Schoenberg with the teachings of

Mayaud. As suggested by Mayaud, one would have been motivated to include this

feature to provide third-party participants of the healthcare system with data on a "need

to know" basis, while protecting patient privacy. (col. 10, lines 20-27)

As per claim 16, Schoenberg discloses the method of claim 2 as explained in the

rejection of claim 2. However, Schoenberg does not disclose: sending the database

terminal a request from the hospital terminal or from the cooperating company terminal

for the patient user's medical treatment information of the user to be made available and transfers the request to the user terminal of the patient user; receiving an approval from the user terminal regarding the request for the patient user's medical treatment information to be made available.

Mayaud discloses a method for sharing information concerning medical treatment of an individual further comprising: sending the database terminal a request from the hospital terminal or from the cooperating company terminal for the patient user's medical treatment information of the user to be made available and transfers the request to the user terminal of the patient user; receiving an approval from the user terminal regarding the request for the patient user's medical treatment information to be made available, (Mayaud, col. 10, lines 12-66; col. 17, lines 40-54; col. 18, lines 6-23; col. 50, lines 48-54)(providing the patient with the ability to predetermine access to their own data).

At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to combine method/system of Schoenberg with the teachings of Mayaud. As suggested by Mayaud, one would have been motivated to include this feature to provide third-party participants of the healthcare system with data on a "need to know" basis, while protecting patient privacy. (col. 10, lines 20-27)

4.   Claims 4-6, are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg as applied to claims 2- 3, 11 above, and further in view of Nelson et al., (U.S. 6,564,104).

As per claim 4, Schoenberg suggests the method for sharing information concerning medical treatment of an individual according to claim 2. However, Schoenberg fails to teach a method for sharing information wherein a charge is levied on the hospital when the hospital acquires individual medical treatment information from the database.

Nelson teaches a medical communications system for sharing information concerning medical treatment, wherein a charge is levied on the hospital when the hospital acquires individual medical treatment information from the database, (Nelson, col. 16, lines 46-49) (providing the system to a clinical entity on a fee per use or per data access basis is considered to be analogous to the method in claim 4 where the data is acquired).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with Schoenberg. The motivation would have been to provide a vital system and method of delivering efficient therapy and clinical care to the patient, (Nelson, col. 6, lines 22-25).

As per claim 5, Schoenberg discloses the method for sharing information concerning medical treatment of an individual according to claim 2. However, Schoenberg fails to teach a method for sharing information wherein a charge is levied on the hospital when the hospital saves updated individual medical treatment information from the database.

Nelson teaches a medical communications system for sharing information concerning medical treatment, wherein a charge is levied on the hospital when the hospital saves updated individual medical treatment information from the database, (Nelson, col. 16, lines 46-49) (providing the system to a clinical entity on a fee per use or per data access basis is considered to be analogous to the method in claim 4 where the data is saved).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with Schoenberg. The motivation would have been to provide a vital system and method of delivering efficient therapy and clinical care to the patient, (Nelson, col. 6, lines 22-25).

As per claim 6, Schoenberg discloses the method for sharing information concerning medical treatment of an individual according to claim 3. However, Schoenberg fails to teach a method for sharing information wherein a charge is levied on the user when the user views individual medical treatment information.

Nelson teaches a medical communications system for sharing information concerning medical treatment, wherein a charge is levied on the user when the user views individual medical treatment information, (Nelson, col. 16, lines 46-49) (providing the system to a host patient on a fee per use or per data access basis is considered to be analogous to the method in claim 5 where the user views data).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with Scheoenber. The motivation would have

been to provide a vital system and method of delivering efficient therapy and clinical

care to the patient, (Nelson, col. 6, lines 22-25).

5.   Claims 13, are rejected under 35 U.S.C. 103(a) as being unpatentable over

Schoenberg and Mayaud as applied to claim 12 above, and further in view of Nelson et

al., (U.S. 6,564,104).

As per claim 13, Schoenberg and Mayaud discloe the method for sharing

information concerning medical treatment of an individual according to claim 12.

However, Schoebery and Mayaud fail to teach a method for sharing information

wherein a charge is levied on the cooperating company when the cooperating company

acquires individual medical treatment information from the database.

Nelson suggests a medical communications system for sharing information

concerning medical treatment, information wherein a charge is levied on the

cooperating company when the cooperating company acquires individual medical

treatment information from the database, (Nelson, col. 16, lines 46-49) (providing the

system to a host patient or a clinicial or a clinical entity on a subscription basis, on a fee

per use, or per data access basis is considered to be analogous to the method in claim

5 where the cooperating company acquires data).

At the time of the Applicant's invention, it would have been obvious to one of

ordinary skill in the art to combine Nelson with Schoenberg and Mayaud in combination

in order to provide information to third parties such as cooperating companies. The

motivation would be to provide a high efficiency communications system to enhance

data communications, (Nelson, col. 4, lines 37-39).

6.   Claims 7- 8, are rejected under 35 U.S.C. 103(a) as being unpatentable over

Schoenberg in view of Anderl et al, (U.S. 4,882,474).

As per claim 7, Mayaud suggests the method for sharing information concerning

medical treatment of an individual according to claim 2. However, Schoenberg fails to

teach a method for sharing information concerning medical treatment of an individual,

wherein the user password is further comprising altering using the user ID and the user

password.

Anderl suggests a method wherein the user password is altered using the user

ID and the user password as keys, (Anderl, col. 7, lines 61-68; col. 8, lines 4-10). In

Anderl, a login command and password is entered before the user is allowed to change

a password. A login command is considered to be analogous to the entry of a user I.D.

At the time of the Applicant's invention, it would have been obvious to one of ordinary

skill in the art to combine Anderl with Schoenberg. The motivation would have been to

provide security protection for the system and allow for flexibility, (Anderl, col. 2, lines

17-20).

As per claim 8, Schoenberg suggests the method for sharing information

concerning medical treatment of an individual according to claim 2. However,

Schoenberg fails to teach a method for sharing information concerning medical

treatment of an individual, wherein second password is altered using the user ID and the user password.

Anderl suggests a method wherein a second password is altered using the user ID and the user password as keys, (Anderl, col. 7, lines 61-68; col. 8, lines 4-10). In Anderl, a login command and password is entered before the user is allowed to change a password. A login command is considered to be analogous to the entry of a user I.D. Additionally, Anderl teaches that multiple passwords may be used to achieve higher levels of security, (Anderl, col. 2, lines 3-9).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Anderl with Schoenberg. The motivation would have been to provide security protection for the system and allow for flexibility, (Anderl, col. 2, lines 17-20).

7.   Claims 17- 18, are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg in view of Anderl et al, (U.S. 4,882,474).

As per claim 17, Mayaud teaches a method for sharing prescription information of an individual over a communication network. Prescription information is considered to be analogous to Medical treatment information. (Mayaud, Abstract). Mayaud further discloses the use of password security and privileged record access (col. 10, lines 12-51), but does not disclose following limitations disclosed by Anderl.

Anderl discloses a database terminal for information of an individual (Anderl, col. 9, 26-30) comprising:

(a)   a computer program for sending a user password and a second password to a

user terminal (Anderl, col. 2, lines 3-9); and

(b)   a computer program that requests the second password when a person other

than the user accesses the space where the individual information is stored, (Anderl,

col. 4 lines 64-68, col. 5, lines 1-5; col. 6, lines 19-21).

Anderl fails to disclose that the information is medical treatment information. At

the time of the Applicant's invention, it would have been obvious to one of ordinary skill

in the art to combine the teachings of Anderl with Mayaud. The motivation would have

been to provide security protection for the system and allow for flexibility, (Anderl, col. 2,

lines 17-20).

It is noted that claim 17 has been amended to specify the user (i.e. wherein the

user is a patient). Mayaud discloses a system wherein the patient is provided with a

password (Mayaud: col. 10, lines 20-22)

However , it should be noted that a recitation of the intended use of the claimed

invention must result in a structural difference between the claimed invention and the

prior art in order to patentably distinguish the claimed invention from the prior art. If the

prior art structure is capable of performing the intended use, then it meets the claim.

The examiner submits that the user does not alter the structure or function of the

program.

As per claim 18, Mayaud teaches a method for sharing prescription information

of an individual over a communication network. Prescription information is considered to

be analogous to medical treatment information. (Mayaud, Abstract). Mayaud further

discloses the use of password security and privileged record access (col. 10, lines 12-

51), but does not disclose altering the password.

Anderl suggests the method for sharing information of an individual according to

claim 17, wherein there is further provided a computer program for requesting the user

password when the second password is altered, (Anderl, col. 8, lines 4-10) (requiring

that a password be given for a password to be changed). At the time of the Applicant's

invention, it would have been obvious to one of ordinary skill in the art to combine the

teaching of Anderl with Mayaud. The motivation would have been to provide security

protection for the system and allow for flexibility, (Anderl, col. 2, lines 17-20).

8.   Claims 9, 14, and 15 are rejected under 35 U.S.C. 103(a) as being unpatentable

over Schoenberg as applied to claim 2 above, in view of Engleson et al., (U.S.

5,781,442).

As per claim 9, Schoenberg discloses the method for sharing information

concerning medical treatment of an individual according to claim 2. However,

Schoenberg fails to teach a method, wherein, if updated patient user medical treatment

information is not saved in the database within a predetermined time after the hospital

has acquired the individual medical treatment information from the database, notification

is sent to the hospital requesting updated individual medical treatment information.

Engleson dicloses a method, wherein, if updated individual medical treatment

information is not saved in the database within a predetermined time after the hospital

has acquired the individual medical treatment information from the database, notification

is sent to the hospital requesting updated individual medical treatment information.

The methods disclosed in Engleson teach that a remote terminal near a patient

receives medical treatment information, such as a treatment plan parameter. Then, if

updated medical information regarding the planned administration of drugs or medical

treatment is not transmitted from the remote terminal within a certain predetermined

period, an alarm is activated notifying hospital staff to perform the treatment protocol.

The facts regarding the recent treatment are then recorded, thus updating the individual

medical treatment information in the database, (Engleson, Abstract; col. 1, lines 29-35;

col. 4, lines 50-63; col. 6, lines 41-51; col. 8, lines 54-65; col. 9, lines 20-26; col. 10,

lines 12-14; col. 11, lines 16-23).

At the time of the Applicant's invention, it would have been obvious to one of

ordinary skill in the art to combine the teaching of Schoenberg and Engleson to arrive at

the method in claim 9. The motivation would be to integrate patient care information

with other institutional databases to achieve a reliable, efficient, and cost-effective

delivery of health care to patients (Engleson; col 2, lines 15-21).

As per claim 14, Schoenberg discloses the method for sharing information

concerning medical treatment of an individual according to claim 2. However,

Schoenberg fails to teach a method for sharing information concerning medical

treatment of an individual according to claim 2, further comprising including treatment

costs in the individual medical treatment information.

Engleson suggests a method wherein treatment costs are included in the individual medical treatment information, (Engleson, col. 1, lines 36-42; col. 2, line 17; col. 10, lines 64-67).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the teaching of Schoenberg and Engleson to arrive at the method in claim 14. The motivation would be to more fully capture billing opportunities (Engleson; col 1, lines 36-42).

As per claim 15, Schoenberg suggests the method for sharing information concerning medical treatment of an individual using the user ID and user password as keys. However, Mayaud fails to teach a method wherein the user is issued with a treatment cost report calculated from the treatment costs on the database.

Engleson suggests a method wherein the user is issued with a treatment cost report calculated from the treatment costs on the database, (Engleson, col. 1, lines 36-42; col. 2, line 17; col. 10, lines 64-67).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the teaching of Schoenberg and Engleson to arrive at the method in claim 15. The motivation would be to more fully capture billing opportunities (Engleson; col 1, lines 36-42).

9.   Claim 10 is rejected under 35 U.S.C. 103(a) as being unpatentable over

Schoenberg in view of Engleson as applied to claim 9 above, and further in view of

Nelson.

As per claim 10, Schoenberg and Engleson suggest a method for sharing

information concerning medical treatment of an individual. However, they do not clearly

provide a method wherein notification of the updating of the individual medical treatment

information is sent to the user when updated individual medical treatment information is

saved in the database.

Nelson provides a method wherein notification of the updating of the individual

medical treatment information is sent to the user when updated individual medical

treatment information is saved in the database, (Nelson, col. 15, lines 47-61).

At the time of the Applicant's invention, it would have been obvious to one of

ordinary skill in the art to combine Nelson with the collective system of Schoenberg and

Engleson. The motivation would have been to provide a high efficiency

communications system to enhance data communications. (Nelson, col. 4, lines 37-39).

Response to Arguments

10.   Applicant's arguments with respect to claims 2-18 have been considered but are

moot in view of the new ground(s) of rejection.

The examiner has provided new grounds of rejection and additional citations to

clarify the current rejections, for applicant's consideration.

Conclusion

Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to RACHEL L. PORTER whose telephone number is (571)272-6775. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, (Christopher) Luke Gilligan can be reached on (571) 272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the

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system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. L. P./
Examiner, Art Unit 3626

/C Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626